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ABSTRACT

This restatement of policy, which updates a 1984 edition, offers a framework for thinking about issues in child care for infants and toddlers. The statement discusses: (1) the particular needs of infants and toddlers; (2) public policies supporting parents who remain at home to care for infants and toddlers; (3) professional recognition and training for caregivers; (4) the financing of adequate child care; and (5) policy-relevant research issues in caring for very young children. This edition shifts forward the first edition's time line of cited statistics and estimated trends, reflects increased policy options for assisting parents, expands the list of basic qualifications of caregivers, provides additional information about day care regulation and monitoring, and discusses the financing of infant and toddler care in terms of questions that concerned individuals should pose when considering day care proposals. (RH)

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A public policy paper of the

National Center for Clinical Infant Programs

Who Will Mind the Babies?

Second Edition

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Who Will Mind the Babies?

American infants born today encounter a family environment much different from the one their parents experienced as babies.

- Their mothers are more likely to return to work, if work is available, while the children are very young. According to the Bureau of Labor Statistics' 1987 figures, fifty-three percent (53%) (1) of women with children under three are currently in the labor force, and the fastest increase in labor force participation rates among women is among mothers with young children. 1987 was the first year in which more than half of all women with children age one or younger were in the labor force, an increase of 73 percent since 1975.(2) Demographers estimate that by 1995 more than two-thirds of all mothers with children under six years of age will be working.(3)

- Children are more likely to live in a single parent family. As of 1987, 24 percent of all American children under 18 were living with a single parent, usually the mother; and the growth in single-parent families is expected to continue into the 1990's. The number of children living with a divorced mother more than doubled between 1970 and 1987, while the number living with an unmarried mother increased by a factor of more than seven.(4)

- Children under six with employed mothers are more likely to be cared for outside their own home today than in the past, particularly if their mothers work full-time. Even when relatives are caring for the child, the care is increasingly given in the relative's home.

Despite these changes in the world around them, today's infants and toddlers, as we know, have the same *needs* babies have always had. To develop their inborn capacities, young children need:

- adequate nutrition
- safe shelter
- appropriate health care and supervision
- nurturing by familiar adults who are responsive to the uniqueness of the individual child from the moment of birth.

Although children may survive and surmount adversity and use opportunities for growth throughout their lives, consistent, appropriate care in the earliest years is what builds a solid foundation for healthy development and productive achievement. Finding approaches to caring for children which will both promote the development of the child and strengthen the family as the primary source of nurturance for young children is a challenge facing parents, families, community agencies, employers, and government at every level.

This paper, prepared by the National Center for Clinical Infant Programs (a non-profit, tax-exempt organization working to promote the healthy development of infants, toddlers and their families) provides a framework for thinking about the many policy issues involved in developing assurance of adequate child care opportunities for infants and toddlers under three.

It discusses:

- the special needs of infants and toddlers
- public policies which support parents who remain at home to care for infants and toddlers
- professional recognition and training for caregivers of infants and toddlers
- financing adequate child care
- policy-relevant research issues concerning child care for very young children.

Addressing the child care needs of infants and toddlers and their families is a process that must involve parents; professionals; employers; voluntary, community and religious groups; and government, working together on behalf of our youngest citizens. Indeed

it is the National Center's conviction that this process is a national priority.

National Center staff is available to assist policy makers in locating research and clinical data which will help those seeking approaches to the urgent question, "Who will mind the babies?"

ROBERT MAUST

INFANTS AND TODDLERS NEED SPECIAL KINDS OF CARE

While children need careful nurturing throughout their development, infants and toddlers need care—both from parents and other adults—which is uniquely suited to their stage of life.

- The rapid physical growth and developmental changes of infancy require a responsive, flexible caring environment. Because infants do not have the ability to tolerate much discomfort or wait long for what they need, they require caregivers who can understand them and respond promptly. While toddlers are increasingly able to wait for and share adult attention, they require more vigilance for their safety and much support from adults in order to learn from play and to handle social situations.

- The "routines" of infant care—feeding, bathing, diapering, and comforting—are communciations of utmost importance to the baby's cognitive, emotional, social and physical development. It is through these routines that the first human relationships are formed. When they are performed with sensitivity to the infant's individual rhythms and needs, it is more likely that the individual child will develop well.

Perfunctory care or neglect may result in intellectual and physical stunting.

- The formation of loving attachments in the earliest years of life creates an emotional "root system" for future growth and development. Every child needs a solid relationship with one or two people in the family. If part of the child's care occurs outside the family, the infant or toddler also needs a continuous, affectionate relationship with a main caregiver during the years of infancy and toddlerhood—a caregiver who cooperates with the family on behalf of the child.

SUPPORTING PARENTS AS THEY CARE FOR INFANTS AND TODDLERS

Parents are the primary providers of care for children, and virtually every parent wishes to give his or her baby the best possible upbringing. American parents who have the task of raising future citizens through caring for infants and toddlers need both financial and emotional support.

Financial support for parents caring for infants

Several leading child development authorities suggest that a newborn remain in the care of a parent for at least four to six months after birth, for several reasons:

- Care at home minimizes the risk of infection to infants, and breastfeeding strengthens the infant's own defense against disease.
- New mothers and fathers do not become expert caregivers overnight. Developing a mutually satisfying relationship between an infant and parent takes time and continued effort by both parents and baby. Each new child born to a family requires this period of adjustment.
- Once parents and babies have established a solid attachment to each other, parents who return to work are more likely to be able to choose child care that is good for them and for the unique personality of their infant. Babies who have already learned to love and trust their parents are better able to form and use trusting and warm relationships with other adults.

- Satisfactory substitute care for very young infants is difficult to find and, as will be shown below, beyond the financial means of most young parents.

Currently, most women in our work force have no access to paid maternity leaves, a situation unheard of in almost all industrialized countries. Indeed, the severely circumscribed alternatives in this country combine to penalize stay-at-home parents, thus undermining the likelihood of such a choice. Not only do parents—almost always mothers—suffer the direct loss of income and benefits if they leave the labor force even temporarily to care for a baby, but they also risk lower pay and a lower position on the job ladder if they return to work.

Public and private sector policies which would assist mothers and fathers who choose to care for their children full-time or to combine work and child care on a part-time basis include:

- paid infant-care leaves for parents
- flexible work schedules, and flexible workplace arrangements (arrangements which permit the employee to carry out a certain amount of work at home)
- increased maximum tax-deductible contribution to Individual Retirement Accounts for homemakers who care for young children
- part-time jobs which offer the benefits families need (health, life and disability insurance, sick and annual leave)
- significant "children's allowances" for parents
- modified pension rules which give credit for approved infant-care leave
- more rigorous enforcement of child support orders.

Emotional and practical support

Whether they are struggling financially or well-to-do, today's parents of infants and toddlers often experience isolation, loneliness, and doubt about their ability to rear children successfully. In response to parents' concerns, hundreds of family support programs are springing up across the country. But their numbers remain insufficient to meet widespread needs.

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Family support programs can be found in a variety of settings. Some include health care, crisis intervention and advocacy components. Others feature parent education classes, peer-support groups, information and referral, and parent-child joint activity groups. Many programs offer special support groups for single parents, divorced parents, older parents, parents of children with handicaps, and parents in mourning for a lost child. Annual budgets range from $2,000 to more than $1 million. Some programs are operated solely by volunteers; others are 80% professionally staffed.

Diverse family support programs are already having a significant impact on American family life, particularly among families caring for infants and toddlers. But existing programs will be able to survive and new ones to begin and grow only if they can achieve a public commitment to their existence.

Collaboration among voluntary, private, and government agencies at the local, state and national levels is vital in order to provide:

- start-up and continuation money for family resource programs tailored to community needs
- networks of family resource programs which can assure that the experience of older, more established programs is shared with new ones
- research and evaluation of programs in this new movement to discern and improve areas of effectiveness.

GOOD SUPPLEMENTAL CHILD CARE FOR CHILDREN UNDER THREE—WHAT IS IT?

Infant-care leaves and family support programs will help all parents. At the same time, increasing numbers of families with infants and toddlers also need supplemental care for their children. The urgency of the unmet need for adequate, affordable child care across the country and among all income groups has sparked an intense national debate on child care policy. More than one hundred child care-related bills were introduced during the 100th Congress, reflecting a growing national consensus that American families need help balancing their family and workplace responsibilities. Policymakers, child development researchers, the business community, service providers and parents are particularly concerned about the kind and quality of day care available to infants and toddlers.

What constitutes "quality child care" for infants and toddlers? Good care for infants and toddlers may be provided by a relative or employee in the child's own home, by a family day care provider who cares for several children in her home or in a day care center which includes infants and toddlers. Whatever the caregiving setting, it is important, because of the unique aspects of infant and toddler development, that the care of children under three be regarded as a distinct activity rather than a scaled-down version of programs designed for children three to five.

- Infant and toddler programs must be aimed toward the individual needs of the babies and their families. Specialists in infancy and early childhood recognize that every child has a particular temperament and a

unique style of exploring and responding to the world. These must be respected if the infant is to develop his special gifts.

- Human relationships are central to good quality care for very young children. It is important that infants and toddlers be able to know and trust the familiar, consistent adults who take care of them and that parents feel confident that their child is well cared for.

- Those providing care for infants and toddlers should be able to form affectionate attachments to children; knowledgeable about and responsive to, babies' rapidly changing behavior and capabilities; able to communicate warmly with the child, both verbally and through physical closeness; and capable of working cooperatively with the family on the child's behalf over a period of years.

- Physical care must include adequate nourishment; careful attention to hygiene, especially for children in diapers; surroundings which are comfortable and safe, yet which encourage active exploration; and adults who feed, clean, and soothe babies gently and sensitively, and who are aware of possible signs of emerging developmental problems or disabling conditions.

HOW CAN QUALITY CHILD CARE FOR INFANTS AND TODDLERS BE ASSURED?

Since children and families vary and since human relationships form such an important element of good child care, policymakers have struggled to find ways of assuring child care which could be broadly applied, yet not stifle needed diversity in programs. Regulation, accreditation, and consumer education are three approaches to this challenge.

Regulation and Monitoring

For years, policymakers concerned about setting—and enforcing—child care standards have looked for elements of group care for children which were not only associated with favorable outcomes for children but which could also be *measured* and *regulated*.

The 1979 National Day Care Study (NDCS) strongly suggested that small groups of children, a low child/staff ratio, and lead caregivers with training in child development were such regulatable elements. Based on the study's findings, the 1980 Day Care Regulations of the Department of Health, Education and Welfare required one staff member for every three children from birth to two years and one caregiver for every four 2-years-olds enrolled in center programs.

A 1981 survey of state day care regulations conducted by the Department of Health and Human Services (HHS) revealed many shortcomings in state child care regulations, with only one state conforming to the NDCS' recommended ratios. Unfortunately, there is no clear evidence that things have improved since 1981. A Department of HHS update on the status of state licensing practices in 1984 found that staff-child ratios for day care centers had "not changed significantly" since 1981.(5) A 1986 survey by Work/Family Directions, Inc. shows that enormous variation in state requirements for infant-toddler care persists today, with only three states conforming to the caregiver-infant ratios recommended by the 1980 HEW Day Care Standards. Twenty-one states allow a single person to care for anywhere from 5 to 8 infants, and eleven states permit one adult to be responsible for 10 or more 2-year olds.(6)

Cost is no doubt the major reason for the failure of NDCS findings to be reflected in state regulations. Since staff salaries represent some 75% of most day care centers' budgets, programs faced with limited financial resources generally seek ways to reduce, rather than add to, their caregiving staff. Indeed, a national study of child care staffing (the National Child Care Staffing Study of the Child Care Employee Project) has found that many child care centers have developed complex staffing practices which enable them to minimize staffing costs while nominally complying with licensing standards. Such practices may subject children to inappropriate multiple changes in caregivers, peers and classrooms during the course of a day.(7)

Currently, a number of states are reviewing their infant-toddler child care regulations, and the need for

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federal regulation continues to be discussed. Policymakers are attempting to consider the circumstances in both day care centers and family day care homes. Family day care homes serve more than half of all infants and toddlers in child care, but it is estimated that more than 90 percent of them operate outside any regulatory system. (8)

The task of developing enforceable regulations for child care providers, bearing in mind the developmental needs of children, the demands of parents whose ability to earn a living depends on the availability and affordability of child care, and the concerns of both non-profit and for-profit providers is not an easy one. In addressing regulation and monitoring issues, state and local policymakers and children's advocates may work toward:

- setting standards which reflect current research and recognize the serious damage which inadequate child care may cause to the development of young children
- altering licensing and registration processes for family day care homes to encourage the regulation of family day care providers; use of regulation procedures which encourage caregiver self-inspection, training opportunities for providers, and consumer education of parents.

Accreditation

A second approach to encouraging high quality child care is accreditation of centers. The Center Accreditation Project (CAP) of the National Association for the Education of Young Children (NAEYC), which has accredited some 640 centers since it began in 1985, (9) is such an effort. A voluntary effort, the Center Accreditation Project reflects public concern for high quality child care by:

- setting high standards of quality to which child care programs can aspire
- providing educational resources and networking opportunities to programs
- enhancing public awareness of and support for good quality child care.

Consumer education

A third way to improve the quality of child care for infants and toddlers is to educate families to become discerning consumers of child care. Such efforts may take place under voluntary and/or public auspices and, like the family support movement, may represent a policy commitment to empower parents.

- Newspapers, magazines, radio and television are devoting increased time and space to discussion of child care needs, choices and resources, particularly for infants and toddlers. Voluntary coalitions and initiatives, such as the Alliance for Better Child Care, the American Federation of State, County and Municipal Employees, the Child Care Action Campaign, Child Care America and the Family Resource Coalition, have spurred national media coverage of child care issues and have trained local family support groups to understand the use of media and bring their concerns to public attention.

- National, state, and local government agencies; professional organizations; and community service groups have developed a variety of guides for parents in choosing child care. In certain states and localities, day care facilities must demonstrate they have provided parents with printed materials describing the essential elements of quality day care for infants and toddlers.

• Child care information and referral services now operate in many state and local jurisdictions and perform a variety of functions ranging from educating parents about available child care options to monitoring complaints about program quality and caregiver practices. Parents who are informed about the child care choices available in their communities are better able to make good choices for their own children or to join with other families to fill unmet needs.

PROFESSIONAL RECOGNITION AND TRAINING OF CAREGIVERS FOR INFANTS AND TODDLERS

However child care for infants and toddlers may be regulated, competent, well-trained caregivers remain the key to providing care which will foster children's

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development and strengthen families. Yet to those caring for very young children, our nation gives little professional recognition and financial rewards so meager as to discourage all but the dedicated or desperate from remaining in the field. The complexities of increasing the levels of compensation for infant-toddler caregivers will be addressed below. Professional recognition will be advanced, it is hoped, through the organizing efforts of child care workers themselves. In addition, increased opportunities for training and professional certification, combined with consumer education, may help to bring about needed change.

The Child Development Associate (CDA) National Credentialing Program has recognized that while many individual child care providers are well-attuned and responsive to the needs of infants and toddlers and have learned through life experiences to care competently for them, more training opportunities are needed to enable caregivers to increase their skill and

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understanding and to professionalize their work. CDA has worked to upgrade the standard of care for children from three to five years old by focusing on the skills of the caregiver and, in 1983 and 1985, expanded its assessment system to caregivers for infants and toddlers and for family day care providers, respectively. As of September, 1988, 280 infant-toddler caregivers and 229 family day care providers had received specialized credentials in their areas of expertise. As this standard of competence becomes more widely recognized (39 states now recognize the CDA credential as a qualification), it is hoped that more infant-toddler and family day caregivers will pursue CDA certification. (10)

However, since child care workers are the lowest paid of all human services professionals they will find it extremely difficult to upgrade their skills and achieve certification without some form of subsidy—at least until salaries in the profession increase substantially. Some financial assistance for the certification process is available through the CDA Scholarship Assistance Program, begun in 1987 and administered within each state by an agency designated by the Administration for Children, Youth and Families.

Training of caregivers for infants and toddlers must, in the immediate future at least, become a public policy concern. Again, pooling of resources and imaginative collaboration among government, professional organizations, credentialing bodies and educational institutions can help assure competent caregivers for very young children by:

- certifying the competence of infant and toddler caregivers
- refining and disseminating the curricula available for training caregivers
- providing a variety of ongoing training opportunities for beginning and experienced caregivers, aimed both at upgrading providers' skills and keeping them abreast of new knowledge in a rapidly growing field
- providing sufficient financial subsidy for these efforts to make them affordable for child care workers and providers with limited resources
- making caregivers aware of how to identify potential developmental problems and handicapping condi-

tions and of services to which children might be referred.

FINANCING ADEQUATE CHILD CARE FOR INFANTS AND TODDLERS

A consensus is emerging among policymakers and the general public that investment in high quality care for young children benefits our entire society and that the costs of such care are too high for parents to bear alone. When the needs of infants and toddlers are at issue, shared financing becomes especially important: the highly individualized attention required by very young children is expensive, and particularly burdensome for parents of young children, who tend to be far from the peak of their earning curves.

Mechanisms that have been proposed to subsidize child care for infants and toddlers range from direct tax credits for families to incentives to employers to state-administered grants to subsidies embedded in welfare reform legislation. As complex proposals are considered and refined at the local, state and national level, individuals and organizations that are concerned with the well-being of infants, toddlers and their families may find it useful to keep in mind some specific questions:

- Will the proposal under consideration expand the child care choices of parents of very young children, including the choice to stay out of the labor force in order to care for a child?

- If the proposal is designed to address multiple needs of low-income families, is appropriate attention paid to the development of infants and toddlers? If, for example, child care services are part of welfare reform or teen parenting programs, is sufficient funding available to assure high quality child care?

- Does the proposal recognize, in tax credits and subsidy rates, for example, that adequate care for infants and toddlers is more expensive than care for older children?

- Will the proposal be likely to result in higher salaries for caregivers?

- Does the proposal address "supply-building" issues—for example, training and recruitment of caregivers; low cost loans for start-up costs and modification of child care environments; resource and referral agencies; supports to home-based providers such as drop-in centers, toy lending libraries and networking opportunities—that are particularly important to infant and toddler care?

- How does the proposal deal with quality assurance issues? Does it address, for example, needed improvement/development of day care standards at the state and local level? Do providers, parents, experts and state and local agency administrators all have a role to play in the process of developing and improving standards?

- How does the proposal address the fundamental relationships between parents and day care programs? Are there a range of opportunities for parents to be involved in the program? Is there a guarantee of unlimited access by parents?

POLICY RELEVANT RESEARCH CONCERNING INFANT-TODDLER CHILD CARE

In recent years, careful longitudinal studies have shown that meticulously planned and well-staffed center-based programs for infants and toddlers *can* foster the healthy development of very young children and provide significant psychological support to parents as well. But since only a small percentage of infants and toddlers are enrolled in the few such programs available, we do not know in any systematic way what child care arrangements other parents are making for their infants; how young children fare in family day care homes, which vary widely in quality; or what the impact is on infants and toddlers of less than optimal or adverse child care settings. Furthermore, concern about the health consequences of group care for infants has generated debate about the extent

to which early group care increases a baby's risk of infection. Careful consideration by pediatricians and epidemiologists will be needed in order for such issues to be aired and resolved.

Attempts to address the pressing need for child care for infants and toddlers must not be postponed while we await conclusive research findings, yet research studies and policy analyses likely to inform long-term decision-making in these areas deserve governmental, academic, and foundation support. These might include:

- a survey of current day care choices and arrangements of working mothers with infants under six months of age which would ascertain the real situation facing working families with infants today
- an analysis of the potential pitfalls, as well as the benefits involved, in offering paid leaves to parents for infant care, which would serve as a guide to policy-makers in both the public and private sectors
- research on how infants, toddlers and their families fare using the undistinguished child care available to most consumers. This is essential to reveal the existence, if any, of negative outcomes of poor quality day care on health, cognition or personality development that do not occur in a child who receives high quality care.

CONCLUSION

"Who will mind the babies?" has become an urgent question in this age of two-paycheck and single parent families. Whereas day care for children three years and older has been provided at various times in this country's history and under varying auspices, planned efforts to provide a spectrum of family support and child care services geared to the developmental needs of infants, toddlers and their parents would represent a new commitment to the well-being of our country's youngest citizens and to the nation's own future.

The issues which must be addressed if such efforts are to succeed are many, and not easily resolved. Yet the clock is already ticking for the infants of today. Time will not wait for us to begin to meet their needs.

The National Center for Clinical Infant Programs hopes to join you in working on behalf of very young children and their families. Our staff is available to provide you with more detailed information about infant and toddler child care issues and resources as well as about other areas of infant health, mental health and development. We can also put you in touch with scholars, researchers, clinicians and program developers across the country who share these concerns.

Endnotes

1. U.S. Department of Labor, Bureau of Labor Statistics, "Over Half of Mothers With Children One Year Old or Under in Labor Force in March 1987." News Release, August 12, 1987.
2. Data provided by U.S. Department of Labor, Bureau of Labor Statistics staff.
3. Hofferth, Sandra L., and Phillips, Deborah A., "Working Mothers and the Care of the Children: 1970 to 1995," Table 10, from the National Survey of Family Growth. In Kahn, Alfred J., and Kamerman, Sheila B., *Child Care: Facing the Hard Choices.* Dover, MA: Auburn House Publishing Company, 1987.
4. U.S. Bureau of the Census, *Marital Status and Living Arrangements: March, 1987,* Current Population Reports, Series P-70, No. 423. Washington, D.C.: U.S. Government Printing Office, 1987.
5. U.S. Department of Health and Human Services, Office of Human Development Services, "Model Child Care Standards Act—A Guidance to States to Prevent Child Abuse in Day Care Facilities," January, 1985, a report mandated by the U.S. Congress in PL 98-473.
6. Morgan, Gwen, *The National State of Child Care Regulation 1986.* Watertown, MA: Work/Family Directions, Inc., 1987.
7. Preliminary findings from the National Child Care Staffing Study of the Child Care Employee Project, reported in Phillips, Deborah A., "The Need for Minimum Health and Safety Standards in Child Care," Testimony Before the Senate Subcommittee on Children, Family, Drugs and Alcoholism, June 28, 1988.
8. Corsini, D., Wisensale, S., and Caruso, G., "Family Day Care: System Issues and Regulatory Models," *Young Children,* September 1988.
9. Unpublished data provided by Center Accreditation Project of the National Academy of Early Childhood Programs, National Association for the Education of Young Children, Washington, D.C. August, 1988.
10. Unpublished data provided by the Council for Early Childhood Professional Recognition, Washington, D.C., September, 1988.

Selected Readings

Blank, Helen, Wilkins, Amy and Crawley, Margaret, *State Child Care Fact Book 1987*. Washington, D.C.: Children's Defense Fund, 1987.

Devine-Hawkins, P. *Family Day Care in the United States: National Day Care Home Study Final Report*. U.S. Department of Health and Human Services, Administration for Children, Youth and Families, 1981.

Dittmann, Laura L. "Finding the best care for your infant or toddler." National Association for the Education of Young Children and National Center for Clinical Infant Programs, 1985.

Galinsky, Ellen (Ed.), *Investing in Quality Child Care*. AT&T, 1986.

Honig, A.S., and Lally, J.R. *Infant Caregiving: a Design for Training*. Syracuse University Press, 1981.

Kahn, Alfred J. and Kamerman, Sheila B., *Child Care: Facing the Hard Choices*. Dover, MA: Auburn House Publishing Company, 1987.

Lally, J.R., Provence, S., Szanton, E. and Weissbourd, B., "Developmentally Appropriate Care for Children From Birth to Age 3" in Bredekamp, Sue (Ed.), *Developmentally Appropriate Practice*, Washington, DC: National Association for the Education of Young Children, 1986.

Morgan, Gwen, *The National State of Child Care Regulations, 1986*. Watertown, MA: Work/Family Directions, Inc., 1987.

Phillips, Deborah A. (Ed.), *Quality in Child Care: What Does Research Tell Us?* Washington, D.C.: National Association for the Education of Young Children, 1987.

Provence, S., Naylor, A., and Patterson, J. *The Challenge of Day Care*. New Haven: Yale University Press, 1977.

Ruopp, R., Travers, J., Glantz, F. and Coelen, O. *Children at the Center: Summary Findings and Implications* in *Final Report of the National Day Care Study*, Cambridge, MA: Abt Associates, 1979.

Select Committee on Children, Youth and Families, U.S. House of Representatives, *Opportunities for Success: Cost Effective Programs for Children: Update 1988*.

Washington, D.C.: U.S. Government Printing Office, 1988.

U.S. Bureau of the Census, *Who's Minding the Kids? Childcare Arrangements: 1984-85*, Current Population Reports, Series P-70, No. 9. Washington, D.C.: U.S. Government Printing Office, 1987.

Zigler, E.F. and Gordon, E.W. *Day Care: Scientific and Social Policy Issues*. Boston, MA: Auburn House Publishing Company, 1982.

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ABSTRACT

This restatement of policy, which updates a 1984 edition, offers a framework for thinking about issues in child care for infants and toddlers. The statement discusses: (1) the particular needs of infants and toddlers; (2) public policies supporting parents who remain at home to care for infants and toddlers; (3) professional recognition and training for caregivers; (4) the financing of adequate child care; and (5) policy-relevant research issues in caring for very young children. This edition shifts forward the first edition's time line of cited statistics and estimated trends, reflects increased policy options for assisting parents, expands the list of basic qualifications of caregivers, provides additional information about day care regulation and monitoring, and discusses the financing of infant and toddler care in terms of questions that concerned individuals should pose when considering day care proposals. (RH)

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A public policy paper of the

National Center for Clinical Infant Programs

Who Will Mind the Babies?

Second Edition

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Who Will Mind The Babies was prepared in 1984 by Emily Schrag and Eleanor Szanton and was revised in 1988 by Joan Delcoco, in consultation with Ms. Schrag, Ms. Szanton, and Peggy Pizzo. The work was guided and reviewed by NCCIP's Committee on Public Policy and Public Education.

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Who Will Mind the Babies?

American infants born today encounter a family environment much different from the one their parents experienced as babies.

- Their mothers are more likely to return to work, if work is available, while the children are very young. According to the Bureau of Labor Statistics' 1987 figures, fifty-three percent (53%) (1) of women with children under three are currently in the labor force, and the fastest increase in labor force participation rates among women is among mothers with young children. 1987 was the first year in which more than half of all women with children age one or younger were in the labor force, an increase of 73 percent since 1975.(2) Demographers estimate that by 1995 more than two-thirds of all mothers with children under six years of age will be working.(3)

- Children are more likely to live in a single parent family. As of 1987, 24 percent of all American children under 18 were living with a single parent, usually the mother; and the growth in single-parent families is expected to continue into the 1990's. The number of children living with a divorced mother more than doubled between 1970 and 1987, while the number living with an unmarried mother increased by a factor of more than seven.(4)

- Children under six with employed mothers are more likely to be cared for outside their own home today than in the past, particularly if their mothers work full-time. Even when relatives are caring for the child, the care is increasingly given in the relative's home.

Despite these changes in the world around them, today's infants and toddlers, as we know, have the same *needs* babies have always had. To develop their inborn capacities, young children need:

- adequate nutrition
- safe shelter
- appropriate health care and supervision
- nurturing by familiar adults who are responsive to the uniqueness of the individual child from the moment of birth.

Although children may survive and surmount adversity and use opportunities for growth throughout their lives, consistent, appropriate care in the earliest years is what builds a solid foundation for healthy development and productive achievement. Finding approaches to caring for children which will both promote the development of the child and strengthen the family as the primary source of nurturance for young children is a challenge facing parents, families, community agencies, employers, and government at every level.

This paper, prepared by the National Center for Clinical Infant Programs (a non-profit, tax-exempt organization working to promote the healthy development of infants, toddlers and their families) provides a framework for thinking about the many policy issues involved in developing assurance of adequate child care opportunities for infants and toddlers under three.

It discusses:

- the special needs of infants and toddlers
- public policies which support parents who remain at home to care for infants and toddlers
- professional recognition and training for caregivers of infants and toddlers
- financing adequate child care
- policy-relevant research issues concerning child care for very young children.

Addressing the child care needs of infants and toddlers and their families is a process that must involve parents; professionals; employers; voluntary, community and religious groups; and government, working together on behalf of our youngest citizens. Indeed

it is the National Center's conviction that this process is a national priority.

National Center staff is available to assist policy makers in locating research and clinical data which will help those seeking approaches to the urgent question, "Who will mind the babies?"

ROBERT MAUST

INFANTS AND TODDLERS NEED SPECIAL KINDS OF CARE

While children need careful nurturing throughout their development, infants and toddlers need care—both from parents and other adults—which is uniquely suited to their stage of life.

- The rapid physical growth and developmental changes of infancy require a responsive, flexible caring environment. Because infants do not have the ability to tolerate much discomfort or wait long for what they need, they require caregivers who can understand them and respond promptly. While toddlers are increasingly able to wait for and share adult attention, they require more vigilance for their safety and much support from adults in order to learn from play and to handle social situations.

- The "routines" of infant care—feeding, bathing, diapering, and comforting—are communciations of utmost importance to the baby's cognitive, emotional, social and physical development. It is through these routines that the first human relationships are formed. When they are performed with sensitivity to the infant's individual rhythms and needs, it is more likely that the individual child will develop well.

Perfunctory care or neglect may result in intellectual and physical stunting.

- The formation of loving attachments in the earliest years of life creates an emotional "root system" for future growth and development. Every child needs a solid relationship with one or two people in the family. If part of the child's care occurs outside the family, the infant or toddler also needs a continuous, affectionate relationship with a main caregiver during the years of infancy and toddlerhood—a caregiver who cooperates with the family on behalf of the child.

SUPPORTING PARENTS AS THEY CARE FOR INFANTS AND TODDLERS

Parents are the primary providers of care for children, and virtually every parent wishes to give his or her baby the best possible upbringing. American parents who have the task of raising future citizens through caring for infants and toddlers need both financial and emotional support.

Financial support for parents caring for infants

Several leading child development authorities suggest that a newborn remain in the care of a parent for at least four to six months after birth, for several reasons:

- Care at home minimizes the risk of infection to infants, and breastfeeding strengthens the infant's own defense against disease.
- New mothers and fathers do not become expert caregivers overnight. Developing a mutually satisfying relationship between an infant and parent takes time and continued effort by both parents and baby. Each new child born to a family requires this period of adjustment.
- Once parents and babies have established a solid attachment to each other, parents who return to work are more likely to be able to choose child care that is good for them and for the unique personality of their infant. Babies who have already learned to love and trust their parents are better able to form and use trusting and warm relationships with other adults.

- Satisfactory substitute care for very young infants is difficult to find and, as will be shown below, beyond the financial means of most young parents.

Currently, most women in our work force have no access to paid maternity leaves, a situation unheard of in almost all industrialized countries. Indeed, the severely circumscribed alternatives in this country combine to penalize stay-at-home parents, thus undermining the likelihood of such a choice. Not only do parents—almost always mothers—suffer the direct loss of income and benefits if they leave the labor force even temporarily to care for a baby, but they also risk lower pay and a lower position on the job ladder if they return to work.

Public and private sector policies which would assist mothers and fathers who choose to care for their children full-time or to combine work and child care on a part-time basis include:

- paid infant-care leaves for parents
- flexible work schedules, and flexible workplace arrangements (arrangements which permit the employee to carry out a certain amount of work at home)
- increased maximum tax-deductible contribution to Individual Retirement Accounts for homemakers who care for young children
- part-time jobs which offer the benefits families need (health, life and disability insurance, sick and annual leave)
- significant "children's allowances" for parents
- modified pension rules which give credit for approved infant-care leave
- more rigorous enforcement of child support orders.

Emotional and practical support

Whether they are struggling financially or well-to-do, today's parents of infants and toddlers often experience isolation, loneliness, and doubt about their ability to rear children successfully. In response to parents' concerns, hundreds of family support programs are springing up across the country. But their numbers remain insufficient to meet widespread needs.

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Family support programs can be found in a variety of settings. Some include health care, crisis intervention and advocacy components. Others feature parent education classes, peer-support groups, information and referral, and parent-child joint activity groups. Many programs offer special support groups for single parents, divorced parents, older parents, parents of children with handicaps, and parents in mourning for a lost child. Annual budgets range from $2,000 to more than $1 million. Some programs are operated solely by volunteers; others are 80% professionally staffed.

Diverse family support programs are already having a significant impact on American family life, particularly among families caring for infants and toddlers. But existing programs will be able to survive and new ones to begin and grow only if they can achieve a public commitment to their existence.

Collaboration among voluntary, private, and government agencies at the local, state and national levels is vital in order to provide:

- start-up and continuation money for family resource programs tailored to community needs
- networks of family resource programs which can assure that the experience of older, more established programs is shared with new ones
- research and evaluation of programs in this new movement to discern and improve areas of effectiveness.

GOOD SUPPLEMENTAL CHILD CARE FOR CHILDREN UNDER THREE—WHAT IS IT?

Infant-care leaves and family support programs will help all parents. At the same time, increasing numbers of families with infants and toddlers also need supplemental care for their children. The urgency of the unmet need for adequate, affordable child care across the country and among all income groups has sparked an intense national debate on child care policy. More than one hundred child care-related bills were introduced during the 100th Congress, reflecting a growing national consensus that American families need help balancing their family and workplace responsibilities. Policymakers, child development researchers, the business community, service providers and parents are particularly concerned about the kind and quality of day care available to infants and toddlers.

What constitutes "quality child care" for infants and toddlers? Good care for infants and toddlers may be provided by a relative or employee in the child's own home, by a family day care provider who cares for several children in her home or in a day care center which includes infants and toddlers. Whatever the caregiving setting, it is important, because of the unique aspects of infant and toddler development, that the care of children under three be regarded as a distinct activity rather than a scaled-down version of programs designed for children three to five.

- Infant and toddler programs must be aimed toward the individual needs of the babies and their families. Specialists in infancy and early childhood recognize that every child has a particular temperament and a

unique style of exploring and responding to the world. These must be respected if the infant is to develop his special gifts.

- Human relationships are central to good quality care for very young children. It is important that infants and toddlers be able to know and trust the familiar, consistent adults who take care of them and that parents feel confident that their child is well cared for.

- Those providing care for infants and toddlers should be able to form affectionate attachments to children; knowledgeable about and responsive to, babies' rapidly changing behavior and capabilities; able to communicate warmly with the child, both verbally and through physical closeness; and capable of working cooperatively with the family on the child's behalf over a period of years.

- Physical care must include adequate nourishment; careful attention to hygiene, especially for children in diapers; surroundings which are comfortable and safe, yet which encourage active exploration; and adults who feed, clean, and soothe babies gently and sensitively, and who are aware of possible signs of emerging developmental problems or disabling conditions.

HOW CAN QUALITY CHILD CARE FOR INFANTS AND TODDLERS BE ASSURED?

Since children and families vary and since human relationships form such an important element of good child care, policymakers have struggled to find ways of assuring child care which could be broadly applied, yet not stifle needed diversity in programs. Regulation, accreditation, and consumer education are three approaches to this challenge.

Regulation and Monitoring

For years, policymakers concerned about setting—and enforcing—child care standards have looked for elements of group care for children which were not only associated with favorable outcomes for children but which could also be *measured* and *regulated*.

The 1979 National Day Care Study (NDCS) strongly suggested that small groups of children, a low child/staff ratio, and lead caregivers with training in child development were such regulatable elements. Based on the study's findings, the 1980 Day Care Regulations of the Department of Health, Education and Welfare required one staff member for every three children from birth to two years and one caregiver for every four 2-years-olds enrolled in center programs.

A 1981 survey of state day care regulations conducted by the Department of Health and Human Services (HHS) revealed many shortcomings in state child care regulations, with only one state conforming to the NDCS' recommended ratios. Unfortunately, there is no clear evidence that things have improved since 1981. A Department of HHS update on the status of state licensing practices in 1984 found that staff-child ratios for day care centers had "not changed significantly" since 1981.(5) A 1986 survey by Work/Family Directions, Inc. shows that enormous variation in state requirements for infant-toddler care persists today, with only three states conforming to the caregiver-infant ratios recommended by the 1980 HEW Day Care Standards. Twenty-one states allow a single person to care for anywhere from 5 to 8 infants, and eleven states permit one adult to be responsible for 10 or more 2-year olds.(6)

Cost is no doubt the major reason for the failure of NDCS findings to be reflected in state regulations. Since staff salaries represent some 75% of most day care centers' budgets, programs faced with limited financial resources generally seek ways to reduce, rather than add to, their caregiving staff. Indeed, a national study of child care staffing (the National Child Care Staffing Study of the Child Care Employee Project) has found that many child care centers have developed complex staffing practices which enable them to minimize staffing costs while nominally complying with licensing standards. Such practices may subject children to inappropriate multiple changes in caregivers, peers and classrooms during the course of a day.(7)

Currently, a number of states are reviewing their infant-toddler child care regulations, and the need for

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federal regulation continues to be discussed. Policymakers are attempting to consider the circumstances in both day care centers and family day care homes. Family day care homes serve more than half of all infants and toddlers in child care, but it is estimated that more than 90 percent of them operate outside any regulatory system. (8)

The task of developing enforceable regulations for child care providers, bearing in mind the developmental needs of children, the demands of parents whose ability to earn a living depends on the availability and affordability of child care, and the concerns of both non-profit and for-profit providers is not an easy one. In addressing regulation and monitoring issues, state and local policymakers and children's advocates may work toward:

- setting standards which reflect current research and recognize the serious damage which inadequate child care may cause to the development of young children
- altering licensing and registration processes for family day care homes to encourage the regulation of family day care providers; use of regulation procedures which encourage caregiver self-inspection, training opportunities for providers, and consumer education of parents.

Accreditation

A second approach to encouraging high quality child care is accreditation of centers. The Center Accreditation Project (CAP) of the National Association for the Education of Young Children (NAEYC), which has accredited some 640 centers since it began in 1985, (9) is such an effort. A voluntary effort, the Center Accreditation Project reflects public concern for high quality child care by:

- setting high standards of quality to which child care programs can aspire
- providing educational resources and networking opportunities to programs
- enhancing public awareness of and support for good quality child care.

Consumer education

A third way to improve the quality of child care for infants and toddlers is to educate families to become discerning consumers of child care. Such efforts may take place under voluntary and/or public auspices and, like the family support movement, may represent a policy commitment to empower parents.

- Newspapers, magazines, radio and television are devoting increased time and space to discussion of child care needs, choices and resources, particularly for infants and toddlers. Voluntary coalitions and initiatives, such as the Alliance for Better Child Care, the American Federation of State, County and Municipal Employees, the Child Care Action Campaign, Child Care America and the Family Resource Coalition, have spurred national media coverage of child care issues and have trained local family support groups to understand the use of media and bring their concerns to public attention.

- National, state, and local government agencies; professional organizations; and community service groups have developed a variety of guides for parents in choosing child care. In certain states and localities, day care facilities must demonstrate they have provided parents with printed materials describing the essential elements of quality day care for infants and toddlers.

• Child care information and referral services now operate in many state and local jurisdictions and perform a variety of functions ranging from educating parents about available child care options to monitoring complaints about program quality and caregiver practices. Parents who are informed about the child care choices available in their communities are better able to make good choices for their own children or to join with other families to fill unmet needs.

PROFESSIONAL RECOGNITION AND TRAINING OF CAREGIVERS FOR INFANTS AND TODDLERS

However child care for infants and toddlers may be regulated, competent, well-trained caregivers remain the key to providing care which will foster children's

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development and strengthen families. Yet to those caring for very young children, our nation gives little professional recognition and financial rewards so meager as to discourage all but the dedicated or desperate from remaining in the field. The complexities of increasing the levels of compensation for infant-toddler caregivers will be addressed below. Professional recognition will be advanced, it is hoped, through the organizing efforts of child care workers themselves. In addition, increased opportunities for training and professional certification, combined with consumer education, may help to bring about needed change.

The Child Development Associate (CDA) National Credentialing Program has recognized that while many individual child care providers are well-attuned and responsive to the needs of infants and toddlers and have learned through life experiences to care competently for them, more training opportunities are needed to enable caregivers to increase their skill and

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understanding and to professionalize their work. CDA has worked to upgrade the standard of care for children from three to five years old by focusing on the skills of the caregiver and, in 1983 and 1985, expanded its assessment system to caregivers for infants and toddlers and for family day care providers, respectively. As of September, 1988, 280 infant-toddler caregivers and 229 family day care providers had received specialized credentials in their areas of expertise. As this standard of competence becomes more widely recognized (39 states now recognize the CDA credential as a qualification), it is hoped that more infant-toddler and family day caregivers will pursue CDA certification. (10)

However, since child care workers are the lowest paid of all human services professionals they will find it extremely difficult to upgrade their skills and achieve certification without some form of subsidy—at least until salaries in the profession increase substantially. Some financial assistance for the certification process is available through the CDA Scholarship Assistance Program, begun in 1987 and administered within each state by an agency designated by the Administration for Children, Youth and Families.

Training of caregivers for infants and toddlers must, in the immediate future at least, become a public policy concern. Again, pooling of resources and imaginative collaboration among government, professional organizations, credentialing bodies and educational institutions can help assure competent caregivers for very young children by:

- certifying the competence of infant and toddler caregivers
- refining and disseminating the curricula available for training caregivers
- providing a variety of ongoing training opportunities for beginning and experienced caregivers, aimed both at upgrading providers' skills and keeping them abreast of new knowledge in a rapidly growing field
- providing sufficient financial subsidy for these efforts to make them affordable for child care workers and providers with limited resources
- making caregivers aware of how to identify potential developmental problems and handicapping condi-

tions and of services to which children might be referred.

FINANCING ADEQUATE CHILD CARE FOR INFANTS AND TODDLERS

A consensus is emerging among policymakers and the general public that investment in high quality care for young children benefits our entire society and that the costs of such care are too high for parents to bear alone. When the needs of infants and toddlers are at issue, shared financing becomes especially important: the highly individualized attention required by very young children is expensive, and particularly burdensome for parents of young children, who tend to be far from the peak of their earning curves.

Mechanisms that have been proposed to subsidize child care for infants and toddlers range from direct tax credits for families to incentives to employers to state-administered grants to subsidies embedded in welfare reform legislation. As complex proposals are considered and refined at the local, state and national level, individuals and organizations that are concerned with the well-being of infants, toddlers and their families may find it useful to keep in mind some specific questions:

- Will the proposal under consideration expand the child care choices of parents of very young children, including the choice to stay out of the labor force in order to care for a child?

- If the proposal is designed to address multiple needs of low-income families, is appropriate attention paid to the development of infants and toddlers? If, for example, child care services are part of welfare reform or teen parenting programs, is sufficient funding available to assure high quality child care?

- Does the proposal recognize, in tax credits and subsidy rates, for example, that adequate care for infants and toddlers is more expensive than care for older children?

- Will the proposal be likely to result in higher salaries for caregivers?

- Does the proposal address "supply-building" issues—for example, training and recruitment of caregivers; low cost loans for start-up costs and modification of child care environments; resource and referral agencies; supports to home-based providers such as drop-in centers, toy lending libraries and networking opportunities—that are particularly important to infant and toddler care?

- How does the proposal deal with quality assurance issues? Does it address, for example, needed improvement/development of day care standards at the state and local level? Do providers, parents, experts and state and local agency administrators all have a role to play in the process of developing and improving standards?

- How does the proposal address the fundamental relationships between parents and day care programs? Are there a range of opportunities for parents to be involved in the program? Is there a guarantee of unlimited access by parents?

POLICY RELEVANT RESEARCH CONCERNING INFANT-TODDLER CHILD CARE

In recent years, careful longitudinal studies have shown that meticulously planned and well-staffed center-based programs for infants and toddlers *can* foster the healthy development of very young children and provide significant psychological support to parents as well. But since only a small percentage of infants and toddlers are enrolled in the few such programs available, we do not know in any systematic way what child care arrangements other parents are making for their infants; how young children fare in family day care homes, which vary widely in quality; or what the impact is on infants and toddlers of less than optimal or adverse child care settings. Furthermore, concern about the health consequences of group care for infants has generated debate about the extent

to which early group care increases a baby's risk of infection. Careful consideration by pediatricians and epidemiologists will be needed in order for such issues to be aired and resolved.

Attempts to address the pressing need for child care for infants and toddlers must not be postponed while we await conclusive research findings, yet research studies and policy analyses likely to inform long-term decision-making in these areas deserve governmental, academic, and foundation support. These might include:

- a survey of current day care choices and arrangements of working mothers with infants under six months of age which would ascertain the real situation facing working families with infants today
- an analysis of the potential pitfalls, as well as the benefits involved, in offering paid leaves to parents for infant care, which would serve as a guide to policy-makers in both the public and private sectors
- research on how infants, toddlers and their families fare using the undistinguished child care available to most consumers. This is essential to reveal the existence, if any, of negative outcomes of poor quality day care on health, cognition or personality development that do not occur in a child who receives high quality care.

CONCLUSION

"Who will mind the babies?" has become an urgent question in this age of two-paycheck and single parent families. Whereas day care for children three years and older has been provided at various times in this country's history and under varying auspices, planned efforts to provide a spectrum of family support and child care services geared to the developmental needs of infants, toddlers and their parents would represent a new commitment to the well-being of our country's youngest citizens and to the nation's own future.

The issues which must be addressed if such efforts are to succeed are many, and not easily resolved. Yet the clock is already ticking for the infants of today. Time will not wait for us to begin to meet their needs.

The National Center for Clinical Infant Programs hopes to join you in working on behalf of very young children and their families. Our staff is available to provide you with more detailed information about infant and toddler child care issues and resources as well as about other areas of infant health, mental health and development. We can also put you in touch with scholars, researchers, clinicians and program developers across the country who share these concerns.

Endnotes

1. U.S. Department of Labor, Bureau of Labor Statistics, "Over Half of Mothers With Children One Year Old or Under in Labor Force in March 1987." News Release, August 12, 1987.
2. Data provided by U.S. Department of Labor, Bureau of Labor Statistics staff.
3. Hofferth, Sandra L., and Phillips, Deborah A., "Working Mothers and the Care of the Children: 1970 to 1995," Table 10, from the National Survey of Family Growth. In Kahn, Alfred J., and Kamerman, Sheila B., *Child Care: Facing the Hard Choices.* Dover, MA: Auburn House Publishing Company, 1987.
4. U.S. Bureau of the Census, *Marital Status and Living Arrangements: March, 1987,* Current Population Reports, Series P-70, No. 423. Washington, D.C.: U.S. Government Printing Office, 1987.
5. U.S. Department of Health and Human Services, Office of Human Development Services, "Model Child Care Standards Act—A Guidance to States to Prevent Child Abuse in Day Care Facilities," January, 1985, a report mandated by the U.S. Congress in PL 98-473.
6. Morgan, Gwen, *The National State of Child Care Regulation 1986.* Watertown, MA: Work/Family Directions, Inc., 1987.
7. Preliminary findings from the National Child Care Staffing Study of the Child Care Employee Project, reported in Phillips, Deborah A., "The Need for Minimum Health and Safety Standards in Child Care," Testimony Before the Senate Subcommittee on Children, Family, Drugs and Alcoholism, June 28, 1988.
8. Corsini, D., Wisensale, S., and Caruso, G., "Family Day Care: System Issues and Regulatory Models," *Young Children,* September 1988.
9. Unpublished data provided by Center Accreditation Project of the National Academy of Early Childhood Programs, National Association for the Education of Young Children, Washington, D.C. August, 1988.
10. Unpublished data provided by the Council for Early Childhood Professional Recognition, Washington, D.C., September, 1988.

Selected Readings

Blank, Helen, Wilkins, Amy and Crawley, Margaret, *State Child Care Fact Book 1987*. Washington, D.C.: Children's Defense Fund, 1987.

Devine-Hawkins, P. *Family Day Care in the United States: National Day Care Home Study Final Report*. U.S. Department of Health and Human Services, Administration for Children, Youth and Families, 1981.

Dittmann, Laura L. "Finding the best care for your infant or toddler." National Association for the Education of Young Children and National Center for Clinical Infant Programs, 1985.

Galinsky, Ellen (Ed.), *Investing in Quality Child Care*. AT&T, 1986.

Honig, A.S., and Lally, J.R. *Infant Caregiving: a Design for Training*. Syracuse University Press, 1981.

Kahn, Alfred J. and Kamerman, Sheila B., *Child Care: Facing the Hard Choices*. Dover, MA: Auburn House Publishing Company, 1987.

Lally, J.R., Provence, S., Szanton, E. and Weissbourd, B., "Developmentally Appropriate Care for Children From Birth to Age 3" in Bredekamp, Sue (Ed.), *Developmentally Appropriate Practice*, Washington, DC: National Association for the Education of Young Children, 1986.

Morgan, Gwen, *The National State of Child Care Regulations, 1986*. Watertown, MA: Work/Family Directions, Inc., 1987.

Phillips, Deborah A. (Ed.), *Quality in Child Care: What Does Research Tell Us?* Washington, D.C.: National Association for the Education of Young Children, 1987.

Provence, S., Naylor, A., and Patterson, J. *The Challenge of Day Care*. New Haven: Yale University Press, 1977.

Ruopp, R., Travers, J., Glantz, F. and Coelen, O. *Children at the Center: Summary Findings and Implications* in *Final Report of the National Day Care Study*, Cambridge, MA: Abt Associates, 1979.

Select Committee on Children, Youth and Families, U.S. House of Representatives, *Opportunities for Success: Cost Effective Programs for Children: Update 1988*.

Washington, D.C.: U.S. Government Printing Office, 1988.

U.S. Bureau of the Census, *Who's Minding the Kids? Childcare Arrangements: 1984-85*, Current Population Reports, Series P-70, No. 9. Washington, D.C.: U.S. Government Printing Office, 1987.

Zigler, E.F. and Gordon, E.W. *Day Care: Scientific and Social Policy Issues.* Boston, MA: Auburn House Publishing Company, 1982.

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